

Permit No. _____

For Office Use Only

Job Address: _____

Dir Street Name Type Suffix

Business Name: _____

WET/DRY CHEMICAL EXTINGUISHING SYSTEM

PERMIT APPLICATION

Bureau of Fire Prevention - Rm 203, 555 S 10th St. - Lincoln, NE 68508-3995
Phone No. 402-441-7791 Fax No. 402-441-8214 24 Hour Inspection Line 402-441-8213

Dry Chemical

Wet Chemical

Foam

Name of System: _____

Area to be protected: _____

No. & Size of Cylinders: _____

SCHEDULE OF FEES

Fire Extinguishing Systems

First Cylinder

\$ 65.00

Each additional cylinder

\$ 5.00

Subtotal:

Plans Review Fee (Subject to \$18.00 minimum Fee)

\$.95 per \$1,000 total job cost

Enter Job Cost:

\$ _____ \$ _____

TOTAL DUE: \$ _____

Application is hereby made to install or alter a fire extinguishing system(s). It is agreed that all rules, regulations, and ordinances of the City of Lincoln, now in effect or to be enacted, will be complied with, and that the installation will be made in accordance with all applicable fire system regulations.

Minimum of three (3) detailed sets of plans & specifications are attached and are made a part of this application. If plans to be mailed back, a self-addressed, stamped envelope must be enclosed.

Submitted by

Company Name (Please Print)

Signature of Registered Contractor Date

Company Address - Street, City, State, Zip

Office Phone No.

Cellular Phone No.

Approved By:

Bureau of Fire Prevention

Date